

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 18 PH 2: 28

DOCUMENT # **S13351** (9)

1. Corporation Name
OSHEROW ASSOCIATES, INC.

Principal Place of Business: **433 PLAZA REAL SUITE-355 BOCA RATON FL 33432 US**
Mailing Address: **433 PLAZA REAL SUITE-355 BOCA RATON FL 33432 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/12/1990** 3a. Date of Last Report: **04/28/1994**
4. FEI Number: **65-0229338** Applied For: Not Applicable:
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business:
21. **433 Plaza Real** 26. **433 Plaza Real**
Suite, Apt. # etc: Suite, Apt. # etc:
22. **Suite 365** 27. **Suite 365**
City & State: City & State:
23. **Boca Raton, FL** 28. **Boca Raton, FL**
Zip: Zip Country: Zip: Zip Country:
24. **33432** 25. **US** 29. **33432** 30. **US**

9. Name and Address of Current Registered Agent
**OSHEROW SHEPARD D
300 SE 5TH AVENUE, #7040
1980 CORPORATE BLVD. SUITE 301
BOCA RATON FL 33432**

10. Name and Address of New Registered Agent
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Shepard Osherow* 1/11/95

12. OFFICERS AND DIRECTORS

12.1 NAME	DPV OSHEROW OSHEROW, SHEPARD
12.2 STREET ADDRESS	433 PLAZA REAL, SUITE 355
12.3 CITY, ST, ZIP	BOCA RATON FL
12.4 NAME	ST OSHEROW, SHEPARD
12.5 STREET ADDRESS	433 PLAZA REAL, SUITE 355
12.6 CITY, ST, ZIP	BOCA RATON FL
12.7 NAME	
12.8 STREET ADDRESS	
12.9 CITY, ST, ZIP	
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY, ST, ZIP	
12.13 NAME	
12.14 STREET ADDRESS	
12.15 CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 NAME	DPV OSHEROW, SHEPARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 STREET ADDRESS	433 PLAZA REAL, SUITE 365	
13.3 CITY, ST, ZIP	BOCA RATON, FL 33432	
13.4 NAME	ST OSHEROW, SHEPARD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
13.5 STREET ADDRESS	433 Plaza Real, Suite 365	
13.6 CITY, ST, ZIP	Boca Raton, FL 33432	
13.7 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.8 STREET ADDRESS		
13.9 CITY, ST, ZIP		
13.10 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.11 STREET ADDRESS		
13.12 CITY, ST, ZIP		
13.13 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 STREET ADDRESS		
13.15 CITY, ST, ZIP		

14. I hereby certify that the information supplied with this filing is substantially true and correct and that my signature shall have the same legal effect as if made under oath. That I am an officer or director of the corporation in the manner or function represented by each entry on this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13, as changed or as an addition with an address.

SIGNATURE: *Shepard Osherow* 1/11/95 407-362-4622